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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/661,988
		Filing Date	September 12, 2003
		Inventor	Shek Fai Lau et al.
		Group Art Unit	1753
		Examiner Name	Unknown
Total Number of Pages in This Submission (Excluding References & Postcard)	19	Attorney Docket Number	SHPR-01361USE

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal with Deposit Account Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Check for \$194.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Itemized Postcard
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Second Information Disclosure Statement, PTO-1449, <u>24</u> References	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Request for RCE	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Declaration	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Application Data Sheet	Remarks:	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Fliesler Meyer LLP Jeffrey R. Kurin, Reg. No. 41,132
Signature	
Date	November 5, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date below.			
Typed or printed name	Linda Saunders		
Signature		Date	November 5, 2004

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2004

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 194.00)**

Complete if Known

Application Number	10/661,988
Filing Date	September 12, 2003
Inventor	Shek Fai Lau et al.
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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325
Deposit Account Name: Fliesler Meyer LLP

2. ☒ Payment Enclosed:
[X] Check [] Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$770	2001/\$385	Utility Filing	<input type="checkbox"/>
1002/\$330	2002/\$165	Design Filing	<input type="checkbox"/>
1004/\$750	2004/\$375	Reissue	<input type="checkbox"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="checkbox"/>
SUBTOTAL (1)			(\$ 0)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$86	2201/\$43	Independent claims in excess of 3
1203/\$280	2203/\$140	Multiple dependent claim
1204/\$86	2204/\$43	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1812/\$2,520	1812/\$2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1251/\$110	2251/\$55	Extension for response within first month [†]	<input type="checkbox"/>
1252/\$420	2252/\$210	Extension for response within second month [†]	<input type="checkbox"/>
1253/\$950	2253/\$475	Extension for response within third month [†]	<input type="checkbox"/>
1254/\$1,480	2254/\$740	Extension for response within fourth month [†]	<input type="checkbox"/>
1255/\$1,970	2255/\$985	Extension for response within fifth month [†]	<input type="checkbox"/>
1401/\$320	2401/\$160	Notice of Appeal	<input type="checkbox"/>
1453/\$1,300	2453/\$650	Petition to revive unintentionally abandoned application	<input type="checkbox"/>
1501/\$1,330	2501/\$665	Utility Issue Fee (Or Reissue)	<input type="checkbox"/>
1502/\$470	2502/\$235	Design Issue Fee	<input type="checkbox"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="checkbox"/>
1814/\$110	2814/\$55	Statutory Disclaimer	<input type="checkbox"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="checkbox"/>
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809/\$750	2809/\$375	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
1801/\$770	2801/\$385	Request for Continued Examination (RCE)	<input type="checkbox"/>
Other fee (specify):			<input type="checkbox"/>
Other fee (specify):			<input type="checkbox"/>
SUBTOTAL (3)			(\$ 0)

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**				
TOTAL	39	20 or 33	=	6	x	18	=	108
INDEP	11	3 or 10	=	1	x	86	=	86
[] First presentation of multiple dependent claim								0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$ 194)**

SUBMITTED BY

Typed or Printed Name **Jeffrey R. Kurin**

Signature

Complete (if applicable)

Reg. Number **41,132**

Date

November 5, 2004